

**Miami County
Health Department
Environmental Division**

25 Court Street, Room 211
Peru, Indiana 46970
765-473-0283 - Fax 765-473-0285

FOOD ESTABLISHMENT PROCEDURE AGREEMENT

To be completed by Food Establishment owner or agent.

I have received and agree to follow all the requirements provided by the Miami County Health Department Environmental Division. I understand that I will not receive permission to open my Establishment until all forms are completed and all procedures followed.

Name of Food Establishment

Owner: _____ Phone: _____

Name of Food Establishment: _____

Address/Location of Food
Establishment: _____

City, State, Zip: _____

I have received the following documents:

Application for plan review
Guidelines for new food establishments
Food establishment sign-off sheet
Plan content requirements
Application to operate a Retail Food Establishment
Web site to access Title 410 IAC 7-24
Example of a plan
Miami County Ordinance 7-18-05

Signature of Food Establishment Owner/Agent

Date